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## Weekly Bulletin

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Entered as second-class matter February 21, 1922, at the post office at Sacramento, California, under the Act of August 24, 1912.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. I, No. 36

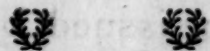
OCTOBER 21, 1922

GUY P. JONES  
EDITOR

### Full-Time Health Department for Orange County.

The supervisors of Orange County last week appropriated ten thousand dollars for the establishment of a full-time health department in that county. Dr. A. H. Domann, county health officer, was largely instrumental in bringing about this result. His enthusiasm, vision and public-spirited attitude mean much for the future of public health in Orange County. The various municipalities of the county will, undoubtedly, cooperate and join the full-time department. It is planned to establish a bacteriological laboratory in cooperation with the county hospital.

Monterey and San Luis Obispo counties have already appropriated money for the establishment of full-time county health departments, and it is believed that at least two other counties will soon perfect plans for the establishment of similar organizations.



### Another Child Dies of Rabies.

A Los Angeles child, four years of age, was bitten by a dog August 31. The animal was sent to a veterinarian on September 1, remaining there until September 4, when it died. The head was sent to the laboratory of the Los Angeles City Health Department, where it was examined and found positive for rabies. For some un-

known reason the child was not given the Pasteur treatment. On the evening of October 11 he had a headache; on the 12th he could not swallow, refused to eat and could not drink water. On the 13th the child became greatly excited; he asked for water and tried to drink from a paper cup through a straw. This attempt set up a spasm of the throat and he was unable to drink any water at all. He could not walk and stood with his legs far apart when trying to do so. After suffering for three more days the child finally died in the most extreme agony on the evening of October 16.

This short-case history is not related here for the purpose of frightening anyone. It is published in order that the general public may know how horrible is a death from rabies. Many physicians and nurses, accustomed to suffering and death in many forms, are unable to stand the emotional strain in seeing a child suffer from this truly terrible disease. The Pasteur treatment is preventive only, and this child might have been saved from such a death had the preventive treatment been given promptly. If Amendment No. 28 should pass, the anti-vivisection measure, to be voted on November 7, this treatment could not be given hereafter in California for the reason that rabbits are used in the manufacture of the virus. This is not painful to the animals and they are subjected to no torture. Which

is more important—the life of a four-year-old child or the life of a rabbit?

Rabies is more prevalent in California at the present time than it has been for many years, and a very large number of Californians who have been bitten by rabid animals this year have received protection through the Pasteur treatment. During the past ten years several thousand of these preventive treatments have been given. Is it better that our citizens should be left to die of this preventable disease in order that a few small animals may live?

### Health Officers Oppose Initiative Measures.

The health officers of California, assembled in their annual conference at Stanford University, September 19 to 21, passed a resolution in which they oppose three anti-health measures that will appear upon the ballot in the November election. Following is the text of the resolution:

"Whereas, There are three anti-health and anti-education initiatives to be voted upon by the people of California at the general election, November 7, 1922, namely, the Chiropractic, Osteopathic and Anti-Vivisection initiatives; and,

Whereas, It is the duty of health officers to inform the people on questions that affect the public health; now, therefore, be it

Resolved, That the health officers of California, in annual convention assembled, do hereby announce their active opposition to number 16, the Chiropractic Initiative, which would destroy the value of public health statistics by permitting unqualified persons to diagnose infectious and contagious diseases and to sign death certificates; to number 20, the Osteopathic Initiative, which would nullify present state laws which prohibit osteopaths and other drugless practitioners from administering opium, cocaine, morphine and other habit-forming drugs; to number 28, which would prevent effective work of health boards, veterinarians, bacteriologists, research workers, debar forever educated physicians and surgeons who dare to render life-saving scientific service to the people of this state, and penalize the scientific study, prevention, cure and control of diseases that attack man and animals.

Resolved, That we urge the people of California to vote 'No' and defeat these three anti-health measures."

### Cancer Week November 12 to 18.

A nation-wide educational campaign will be conducted during the week of November 12 to 18 in order to acquaint the general public with the increasing menace in cancer mortality. Efforts will be made to spread the facts regarding cancer, its causes, treatment and prevention. There is much concerning cancer and its control that is not known. Whatever knowledge is available upon this subject, however, should be made known to everyone. Dr. A. R. Kilgore of San Francisco has charge of this educational campaign in California, and he will distribute literature and provide lecturers in any community where public health workers may desire to assist in this commendable work.

The California cancer death rate has increased greatly since 1906. Each year the death rate from this disease shows an increase over that for the preceding year. In 1921 this rate was the highest in the history of the state. The death rates for each year since 1905 follow:

#### CANCER 1906 TO 1921. DEATH RATES PER 100,000 POPULATION.

1906	76.3	1914	93.0
1907	76.6	1915	91.6
1908	79.5	1916	94.4
1909	84.9	1917	97.7
1910	82.7	1918	98.0
1911	80.9	1919	104.3
1912	88.1	1920	108.6
1913	94.2	1921	112.1

### Health Conditions Bad in Russia.

According to a recent epidemiological bulletin, issued by the Health Section of the League of Nations, about seven million cases of typhus and relapsing fever, without counting the figures for the Red Army, have been reported, officially, during the past four years. The bulletin states: "The culminating point was reached in 1919 and 1920, when 4,917,000 cases of typhus and 1,259,500 of relapsing fever were officially recorded. The official figures, however, do not represent the total incidence and must be

multiplied by at least  $2\frac{1}{2}$  in order to obtain an approximate picture of the situation."

Russia has suffered from these diseases to a greater extent than any of the European nations, although conditions in Central Europe are still said to be bad. That the United States must throw out every safeguard for keeping these diseases out of this country, goes without saying. It is doubtful if there has ever been a time in history when public health needed greater support than it needs at the present time. This applies not only to the federal health service, but also to every state and local public health activity.

### POSTURE OF SCHOOL CHILDREN.

"The posture of school children can not be said to depend entirely, or even chiefly, on any one condition. The following conclusions seem to be confirmed by the facts noted in this study:

"1. While good nutrition is a contributing factor to good posture, it is by no means an indispensable condition.

"2. Defective vision, adenoids, and bad tonsils tend to have an unfavorable effect on a child's posture.

"3. When the hygienic conditions in a school are not of the best, and health measures are inadequate, there is a moderate decrease of good posture and increase of poor posture from the first to the fifth grade, inclusive. This is not believed to be a necessary accompaniment of school life, but a condition that may be easily remedied by co-operation of the health and educational authorities.

"4. In planning exercise with a view to the promotion of good posture, it is suggested that setting-up exercises be simple and vigorous and play full of energy and vim. Formless, jellyfish gymnastics, or stupid, silly games, played half-heartedly, have little place in the proper physical development of the growing child."—*Public Health Reports*, Aug. 25, 1922.

To cure is the voice of the past; to prevent is the divine whisper of today.—Florida Health Notes.

Statistics show that three times as many persons go insane in time of war as in time of peace.

A sick community is a poor community and a bad neighbor.

HAVEN EMERSON, M.D.

### PLAGUE IN CALIFORNIA.\*

By Senior Surgeon J. C. PERRY, United States Public Health Service.

The plague situation throughout the world is engaging the attention of sanitarians and those whose duty it is to combat an extension of this disease. There has been a sharp increase in human plague in several ports in the Orient, and rodent plague is widely disseminated. Three cases of plague in man have been reported in the Island of Hawaii since June 30th of this year as a result of a focus of rodent infection.

It is a well established fact that as long as a focus of plague in rodents exists there is serious danger, and that this smouldering fire may break into a flame, if not a conflagration, at any time. It may be quiescent for a period when suddenly human cases occur with a sharp increase in the number of victims. The danger of this disease spreading from infected rodents is well known, and when consideration is given to the endemic presence of plague in the ground squirrels of California and the occurrence of two widely separated cases of human plague from this source during the present year, it becomes pertinent to inquire what are the existing conditions as regards this disease in the state, the dangers that are apparent, and what remedial measures are being carried out.

A study of this subject leads to a consideration of plague in cities or towns and of plague in rural districts. The former may at present be only interesting to some from an historical standpoint but the latter is a live question of today, and the close correlation between the two may bring about a condition by which the urban situation becomes even more vital than the serious rural problem that we face.

A brief resumé of the history of plague in California seems permissible, especially as there seems to be some direct bearing on present conditions.

#### Historical.

The first case of human plague was reported in San Francisco in March, 1900, but its presence was suspected in 1899 and it is believed the disease existed among the rats one or two years prior to the latter date. Our knowledge at that period of the methods by which plague was spread was not accurate, and the rat as an intermediary for this disease was not at that time receiving serious consideration, hence the main effort was

\*Read at Conference of California Health Officers, Stanford University, Palo Alto, September 19-21, 1922.

directed towards control of human agents, which lead to isolation and quarantine of infected premises, thereby evoking the hostility of the people. There was considerable resentment over the reported presence of plague and most of you are probably familiar with the controversy which occurred at that time. Differences of opinion existed and in view of the doubt and uncertainty surrounding the issue, it is not surprising that little effective work towards combatting the disease was carried out in the early days. In fact for two years the work was of a desultory nature, was not coordinated along definite eradication lines and no permanent results were obtained.

The active coordinated effort to rid the city of the pest was not started until the beginning of 1903 when conferences were had and protective and eradication measures were agreed on. Important lay committees were created and worked in conjunction with the health authorities. These were of the greatest material benefit by securing the cooperation of the people, especially the Chinese, and the furtherance of measures for the destruction of rat harboring places and the rat-proofing of all buildings in the section known as Chinatown. So effective was this coordinated effort that the city was declared free from plague in February, 1904, and no further cases occurred until May, 1907, one year after the great fire.

In 1907 human plague reappeared in San Francisco and this invasion was not confined to Chinatown but cases occurred throughout the city at widely separated points. The old question of the origin arose, and while determination of source of infection was not definite and exact the following hypotheses are worthy of consideration:

(a) Did rats infected with plague in subacute or chronic form continue to exist in San Francisco for a period of three years without the appearance of human cases? This, in my opinion, is possible because the history of plague shows that infection in rodents may exist for long periods without the occurrence of human cases.

(b) A second possibility is the transmission of the disease to the rats from plague-infected ground squirrels. As there is today infestation with squirrels of the hills adjacent to the outskirts of the city, it is believed a safe prediction to say similar conditions existed at that time and before attention had been directed to these rodents as plague reservoirs. Later studies showed that cases

of human plague had been contracted from ground squirrels in Contra Costa County in 1903 and 1904, consequently, these rodents were infected with plague at that time and the possibility of the squirrels adjacent to San Francisco having become infected is worthy of consideration, especially as rat plague had been present in the city for a period of five years.

The first epidemic and the lesson learned in its control being fresh in the minds of the authorities and the people, the federal, state and city authorities immediately started an intensive campaign to eradicate the dread disease. It having been demonstrated that rodents were the principal factor in the spread of plague, the main efforts of the officials were directed towards ridding the city of these animals. The work was so successful that the last case of human plague occurred in January, 1908, and the last infected rat was found in October of the same year.

#### Plague in Ground Squirrels.

The problem we face today is the presence of plague in these rodents, which constitute a grave menace to the communities in which these endemic foci exist. We do not know definitely when this infection first occurred, but reports indicate that ground squirrels in the east bay counties died from some epizootic prior to 1900, and it is more than possible that the disease affecting these rodents was plague. However, attention was directed to the possibility of the ground squirrels being infected with plague during the sanitation campaign for the eradication of this disease in the second outbreak in San Francisco, and in August, 1908, it was definitely proven bacteriologically that plague infection existed in these rodents in Contra Costa County. As already stated, however, clinical evidence pointed to the existence of plague in the ground squirrels prior to the date of actual determination.

In 1903 a person living in Pacheco was taken sick, a few days after shooting squirrels in the neighborhood of his home, with a disease that was clinically plague which resulted in death after a short illness. As he had not visited any known focus of infection and had not been in San Francisco or Oakland for some time prior to his illness, it was natural to conclude that the infection must exist in his own neighborhood. Two other cases of a similar disease were found to have occurred in 1903 and 1904 in Contra Costa County and the history of both showed intimate contact

with ground squirrels. Attention to this probable source of infection was still more forcibly emphasized by the occurrence of two more cases of bubonic plague in Contra Costa County in July, 1908. These also gave a history of squirrel contact.

It is probable that the ground squirrels in Contra Costa County were first infected, and plague was introduced by infected rats on ships from plague infected ports. The precautions taken before the rat as a disseminator of plague was understood were inadequate to prevent any such infected rodents gaining access to the shore with resultant spread of the disease. At many points rats and squirrels are in close contact and have been trapped from the same burrow. Consequently the transfer of the infection from the one rodent to the other can easily take place. The supposition of some is that the point of contact was in the vicinity of the grain warehouses of Port Costa. This infection has spread to Alameda, San Joaquin, Stanislaus, Merced, San Benito, Monterey, Santa Clara, Santa Cruz and San Mateo counties, and may exist in other parts of the state.

The presence of plague in the ground squirrels having been proven an active campaign was inaugurated in the spring of 1909 by the Public Health Service working in cooperation with the state and local authorities for the purpose of determining (a) the extent of infection, (b) the eradication of determined foci of infection and (c) intensive squirrel destruction by poison, etc., in Alameda and Contra Costa counties, in an effort to create a squirrel-free zone to protect the bay cities. This campaign has been continued to date with varying intensity, dependent upon the amount of available appropriation. The work was carried out in the ten counties enumerated until 1917, when the reduction in appropriation necessitated a contraction of activities to the counties of Contra Costa, Alameda, San Mateo and some work in San Francisco County. However, in 1920 it was possible to resume work in the seven counties from which it was necessary to withdraw in 1917, and although these enlarged activities only lasted one year it was useful by furnishing information whether the plague infection had continued and by giving what is believed to be a reliable index of the status of plague dissemination in these rodents at the present time.

#### Present Conditions.

The examination of squirrels in the laboratory during 1920 showed that in-

fection still existed in these rodents in the following counties: Alameda, Contra Costa, Merced, Monterey, San Benito, San Joaquin, Santa Clara, Santa Cruz, Stanislaus and San Mateo and as the conditions are favorable for a perpetuation of this disease, it is safe to predict that plague exists today in the localities mentioned. This has been still further proven by the occurrence of two human cases of plague in San Benito County in 1921, one case in Alameda County and one in Santa Cruz County in 1922. Plague undoubtedly exists in ground squirrels over a wide area, and as the work it was possible to accomplish from 1909 to 1917 under large appropriations and when the danger was fresh in the minds of the people, did not eradicate but only controlled the disease, the outlook for the future is not bright. Wherever the plague carrying rodent and its flea can live the disease is almost sure to spread, and this problem is today fraught with danger not only to communities in which endemic foci exist, but also to the large centers of population and the state as well.

The question may arise why there are so few human cases of plague when there are so many endemic foci of squirrel infection and the probable answer is that where the squirrels are most numerous there are few residents. These rodents are most numerous on grazing lands because difficulty has been experienced in having anti-squirrel operations carried out on these larger areas on account of the expense and the low monetary return from this type of land. It is very important, however, that these areas should receive careful treatment, especially by poisoning operations, for the destruction of squirrels, as these animals migrate to new territory and establish new plague foci. Where land comes under intensive cultivation, especially on small holdings, there are few squirrels, because they do not like constant disturbance of their colony and besides the farmer carries out active destructive measures from an economic view.

#### Existing Dangers.

It can be readily comprehended that as long as there are foci of plague infection there is danger to the community in which it exists and to other places by extension of infection from those foci. It is desired in this connection to point out two of the major ones, and they will be considered in the order of their importance.

1. The danger of rural plague becoming urban. The transmission of plague

to the rats of populated centers from the ground squirrels in the environment. These rodents come together in the outskirts of towns and have been caught from the same burrow. How easy and simple under such conditions to start an epidemic of rat plague to be followed by an outbreak of human cases. This constitutes a real danger, and all county and city officials in districts where plague exists should be alert to this possibility, and require the institution of such remedial measures as will remove or minimize this menace. I can not emphasize too strongly the importance of destroying the squirrels in the environment of centers of population. This should be done first and the work extended in order to create and maintain a squirrel-free zone, thereby safeguarding the city or town by preventing the infection of its rats through squirrel contact. This principle has been preached by every health official engaged in plague eradication work, its importance was early recognized and the plan was executed as far as funds would permit.

When the federal appropriation for this work was so reduced that only limited operations could be carried out, the work was concentrated in the bay counties as there is no question the maximum results would be obtained by intensive operations to control or eradicate squirrels around the large centers of population. The effort is directed towards creating and maintaining a squirrel-free zone around the east bay cities to prevent transmission of plague from squirrels to rats in these important commercial centers. It is estimated that an intensive three-year campaign will be required to effect proper results and then minor operations will be sufficient to maintain this zone comparatively free from squirrels. The work last year was quite satisfactory in this district and operations now in progress are expected to materially improve conditions by destruction of these rodents over a larger area, thereby protecting against reinfestation of zones which have been successfully treated.

As already stated the work under federal supervision is now being carried out in only four counties: Alameda, Contra Costa, San Mateo and San Francisco. The operations are conducted in cooperation with state and county officials who are rendering valuable aid and taking an active and effective part in squirrel eradication.

It is unfortunate that intensive work is not being prosecuted in other counties in which plague in squirrels has been dem-

onstrated. The people are apparently not aroused to the danger of foci of infection in their midst, and even occasional cases of human plague fail to arouse them from their feeling of false security.

2. The second danger that must receive consideration is that of human plague from contact with infected squirrels. A number of such cases have occurred, and nearly every year there are one or more victims. In the majority of such instances the infection is confined to the affected individual, but this is not a safe assumption, and such cases of plague may be the starting point of a serious outbreak.

A startling example of this was furnished by a small epidemic of pneumonic plague in Oakland during 1919. All of you are no doubt familiar with this occurrence and mention is only made to emphasize the point that there is danger as long as a focus of infection exists no matter how quiescent it may seem. The first case in that series of fourteen contracted plague from ground squirrels. At first his disease was bubonic, but a plague pneumonia later developed, and the spread to others was rapid through contact and droplet infection.

The two human cases that have occurred this year furnish excellent examples of danger from squirrel infestation near occupied dwellings.

The first case was a child three years old that had not been away from the yard and adjacent lot during the entire period of a week's visit on the premises, and consequently the disease could only have been contracted on the premises. An investigation determined the existence of a large colony of ground squirrels in an orchard about one hundred yards from the living quarters. In fact, thirty squirrels were shot at this point. A high percentage of infection was proven in squirrels shot within a radius of one-half mile from this residence, as nine were found infected with plague out of 259 examined.

The second case was a young man employed on a chicken ranch near Soquel, Santa Cruz County. One of his duties was to drive cows to a pasture badly infested with squirrels, but an investigation showed a large colony of squirrels within 100 yards of the house where he lived. There was ample opportunity to acquire infection from these squirrels if any were infected as he walked over many burrows in the roadway at least twice a day. These two human cases clearly demonstrate the danger of infested environment in which infection may exist.

### What Remedial Measures Should be Taken.

It has been shown that plague infection in ground squirrels still exists in at least ten counties, disseminated over a wide area. It should be apparent to all who give this matter careful thought that that this infection will spread unless more active remedial measures are carried out in most of these counties than is practised at present, also that as long as foci of infection exists there is danger of an outbreak of human cases of plague. The problem is stupendous and not easy of solution and the only remedy of absolute protection is difficult of application.

The work so far has only controlled, not eradicated, but if a concerted and intensive campaign, with all agents properly coordinated, would be carried out over a period of three years, with the necessary follow-up work, invaluable results would be accomplished, and the squirrels if not exterminated would at least be brought under such control as to remove to a large degree the menace now existing.

Such a campaign would cost a large sum and necessitate much larger appropriations. This may make the plan impossible, but expenditures even if large under such a plan would be economy in the end and accomplish results impossible to obtain under past and present procedure.

If the ideal is unobtainable what can be done to effect a reasonable degree of safety? This objective can be attained in two ways: (a) limiting foci of infection by area destruction of squirrels and (b) by measures against rats so that if contact between these rodents is established the number will be limited and transference of infection minimized.

The first step should be to require owners to rid their property of squirrels, with special attention to the destruction of these rodents near towns, villages, school houses and around rural dwellings. If compulsion is necessary the law governing this matter should be enforced. This work should be carried out under supervision of county or other officials, and sufficient funds should be appropriated to provide the necessary number of inspectors for this purpose.

In this discussion the destruction and control of ground squirrels has been stressed from a public health standpoint, but the economic value of these measures should appeal to property owners, as the money expended in the eradication of squirrels will eventually be returned many fold.

### Measures Against Rats.

As there is danger of the transmission of plague from squirrels to rats in adjacent territory, particular attention should be given to the destruction of rats in populated centers where it is possible for these rodents to establish contact. Active measures should be taken to destroy breeding and harboring places and the permanent control of rats effected by proper garbage disposal and rat-proof construction of buildings. A wise precaution is to periodically trap and examine a sufficient number of rats in order to determine whether plague infection has possibly been introduced, because the earlier rat infection is known the easier and more economically it can be eradicated.

#### Summary.

1. At the present time plague infection in ground squirrels exists in ten counties embracing a wide area.

2. As long as endemic foci of plague exist there is danger to the community, either by an outbreak of human cases primarily or secondary to infection of rates in contiguous territory.

3. The measures it has been possible to carry out against squirrels to date have only resulted in nominal control and not eradication.

4. Efforts are now concentrated, with promising results, in the four bay counties for the purpose of creating a squirrel-free zone around populous centers.

5. Active measures should be carried out for the destruction of both squirrels and rats in contiguous territory in order to eliminate points of contact and the danger of plague transference.

6. Ground squirrels can only be eradicated or sufficiently controlled for safety and endemic plague foci eliminated by an intensive coordinated campaign extending over at least three years.

7. Much can be accomplished and greater safety assured by destruction of squirrels around towns, villages and rural habitations.

8. Squirrel eradication work in any area to be effective must be followed up. The treatment of a place one year and then neglecting it for two or three years will not produce permanent results as the squirrels rapidly increase from those left or those that migrate into it.

9. Measures against rats to render that area less susceptible to plague invasion is strongly urged, and the periodical examination of rats at danger points is of prime importance.

**MORBIDITY.\*****Smallpox.**

Only two cases of smallpox have been reported, one from Los Angeles and one from Oakland.

**Typhoid Fever.**

Seventeen cases of typhoid fever were reported and distributed as follows: Berkeley 1, Calistoga 1, Lake County 1, Los Angeles 5, Pasadena 1, San Francisco 2, San Mateo 2, Santa Clara County 1, South Pasadena 1, Sunnyvale 2, Stockton 1, Watts 1.

**Poliomyelitis.**

Two cases of poliomyelitis were reported, one from Fresno County and one from Red Bluff.

**Epidemic Encephalitis.**

San Francisco reported one case of epidemic encephalitis.

**Cerebrospinal Meningitis.**

Three cases of cerebrospinal meningitis were reported, these cases being reported from Long Beach, San Francisco and Santa Barbara County.

**Rabies.**

Los Angeles reported one case of human rabies.

**Epidemic Jaundice.**

Los Angeles reported three cases of epidemic jaundice.

\*From reports received to date for last week.

**LIST OF DISEASES REPORTABLE BY LAW.**

ANTHRAX	MEASLES
BERI-BERI	MUMPS
BOTULISM	OPHTHALMIA NEONATA
CEREBROSPINAL MENINGITIS (Epidemic)	TORUM
CHICKENPOX	PARATYPHOID FEVER
CHOLERA, ASIATIC	PELLAGRA
DENGUE	PLAGUE
DIPHTHERIA	PNEUMONIA
DYSENTERY	POLIOMYELITIS
ENCEPHALITIS (Epidemic)	RABIES
ERYSIPELAS	ROCKY MOUNTAIN
FLUKES	SPOTTED (or Tick) FEVER
FOOD POISONING	SCARLET FEVER
GERMAN MEASLES	SMALLPOX
GLANDERS	SYPHILIS*
GONOCOCCUS INFECTION*	TETANUS
HOOKWORM	TRACHOMA
INFLUENZA	TUBERCULOSIS
JAUNDICE, INFECTIOUS	TYPHOID FEVER
LEPROSY	TYPHUS FEVER
MALARIA	WHOOPING COUGH
	YELLOW FEVER

\*Reported by office number. Name and address not required.

**QUARANTINABLE DISEASES.**

CEREBROSPINAL MENINGITIS (Epidemic)	POLIOMYELITIS
CHOLERA, ASIATIC	SCARLET FEVER
DIPHTHERIA	SMALLPOX
ENCEPHALITIS (Epidemic)	TYPHOID FEVER
LEPROSY	TYPHUS FEVER
PLAGUE	YELLOW FEVER

Section 16. Public Health Act. All physicians, nurses, clergymen, attendants, owners, proprietors, managers, employees, and persons living in or visiting any sick person in any hotel, lodging house, house, building, office, structure, or other place where any person shall be ill of any infectious, contagious, or communicable disease, shall promptly report such fact to the county, city and county, city, or other local health board or health officer, together with the name of the person, if known, and place where such person is confined, and nature of the disease, if known.

**COMMUNICABLE DISEASE REPORT.**

Disease	1922				1921			
	Week ending			Reports for week ending Oct. 14 received by Oct. 17	Week ending			Reports for week ending Oct. 15 received by Oct. 19
	Sept. 23	Sept. 30	Oct. 7		Sept. 24	Oct. 1	Oct. 8	
Anthrax.....	0	0	0	0	1	0	0	1
Cerebrospinal Meningitis.....	2	5	0	3	5	0	3	1
Chickenpox.....	34	27	24	36	22	35	28	37
Diphtheria.....	144	143	167	141	141	135	214	217
Dysentery (Bacillary).....	6	1	1	2	0	3	2	23
Epidemic Encephalitis.....	2	1	1	1	0	3	8	2
Epidemic Jaundice.....	2	0	0	3	0	0	0	0
Gonorrhoea.....	85	103	116	110	188	113	107	64
Influenza.....	15	14	29	17	10	6	15	25
Leprosy.....	1	0	0	0	0	0	0	1
Malaria.....	18	8	13	4	11	6	10	6
Measles.....	3	6	12	13	9	15	7	10
Mumps.....	19	25	22	32	37	44	41	48
Pneumonia.....	67	38	41	52	45	33	38	60
Poliomyelitis.....	3	2	2	2	16	18	6	3
Rabies.....	0	0	0	1	0	0	0	0
Scarlet Fever.....	73	69	97	86	66	65	85	68
Smallpox.....	10	5	4	2	47	28	60	34
Syphilis.....	81	110	116	111	113	111	90	83
Tuberculosis.....	136	141	135	131	170	130	154	160
Typhoid Fever.....	37	32	23	19	32	30	31	23
Whooping Cough.....	35	32	30	75	30	34	28	30
	773	762	833	841	943	809	927	896